

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

Expires:

Estimated average burden hours per response ...

# FORM D

BEST AVAILABLE COPY

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering ( check if this is an ar	nendment and name has	s changed, and	indicate c	hange.)		
SITEL Worldwide Corporation Class A	Common Stock				<u> </u>	· ·
Filing Under (Check box(es) that apply):	Rule 504 Rule 5	05 🗹 Rule 506	Secti	on4(6) □ UL	OE /	NED C
Type of Filing: D New Filing  Amend	ment				1550	W.Z.
-	A. BAS	SIC IDENTIF	ICATION	DATA	V. CFX	82000
1. Enter the information requested about the	he issuer				1/1	
Name of Issuer ( check if this is an amo	endment and name has o	changed, and in	rdicate cha	ngc.)	C. 8	Cillin
SITEL Worldwide Corporation						350
Address of Executive Offices	(Nı	umber and Stre	et, City, S	tate, Zip Code)	Telephone Number (li	ncluding Area Code)
Two American Center, 3102 West End	Avenue, Suite 1000, N	ashville, Tenn	essee 373	13	(615) 301-7100-	<del></del>
Address of Principal Business Operations	(Ni	umber and Stre	ct, City, S	tate, Zip Code)	Telephone Number (In	ncluding Area Code)
(if different from Executive Offices)					<u>                                     </u>	ジングではつう
Brief Description of Business						··· Seconsili
Outsourced customer care services					<u> </u>	CC: 0 2 2017
Type of Business Organization			-			The state of the s
	limited partnership	o, already form	ed	Other	(please specify):	T-CMSON
☐ business trust	limited partnership	, to be formed			· <u> </u>	FINANCIAD
		Month	Year			
		0 9	98	⊠ Actual □	l Estimated	
Actual or Estimated Date of Incorporation	or Organization:					
Jurisdiction of Incorporation or Organizat	ion:	(Enter two-	letter U.S.	Postal Service	abbreviation for State:	<b>D E</b>
		CN for Car	ada; FN f	or other foreign	jurisdiction)	

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing foe.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Beneficial Owner XI Executive Officer Director ☐ General and/or Managing Partner Check Box(es) that Apply: ☐ Promoter Full Name (Last name first, if individual) Garner, David Business or Residence Address (Number and Street, City, State, Zip Code) Two American Center, 3102 West End Avenue, Suite 1000, Nashville, Tennessee 37303 ☐ Promoter □ Beneficial Owner □ Director □ General and/or Managing Partner Check Box(es) that Apply: Full Name (Last name first, if individual). Cartson, Chad Business or Residence Address (Number and Street, City, State, Zip Code) Two American Center, 3102 West End Avenue, Suite 1000, Nashville, Tennessee 37303 Executive Officer ☐ Director ☐ General and/or Managing Partner ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: Full Name (Last name first, if individual) Casteel, Julie Business or Residence Address (Number and Street, City, State, Zip Code) Two American Center, 3102 West End Avenue, Suite 1000, Nashville, Tennessee 37303 ☐ General and/or Managing Partner ☐ Beneficial Owner ■ Executive Officer □ Director Check Box(es) that Apply: ☐ Promoter Full Name (Last name first, if individual) Saville, Dale Business or Residence Address (Number and Street, City, State, Zip Code) SITEL Worldwide Building 600, Leavesden Park, Hereules Way, Watford Hertfordshire WC25 7GS, United Kingdom El Executive Officer □ Director ☐ General and/or Managing Partner ☐ Beneficial Owner Check Box(es) that Apply: □ Promoter Full Name (Last name first, if individual) Jantzi, Craig Business or Residence Address (Number and Street, City, State, Zip Code) Two American Center, 3102 West End Avenue, Suite 1000, Nashville, Tennessee 37303 ☐ General and/or Managing Partner ☐ Beneficial Owner ■ Executive Officer ☐ Director □ Promoter Check Box(es) that Apply: Full Name (Last name first, if individual) Beckman, Jr., David L. Business or Residence Address (Number and Street, City, State, Zip Code) Two American Center, 3102 West End Avenue, Suite 1000, Nashville, Tennessee 37303 ☐ General and/or Managing Partner □ Beneficial Owner □ Director ☐ Promoter Check Box(es) that Apply:

5178954.3 06113638 2 of 9

□ Executive Officer

☑ Director

☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Full Name (Last name first, if individual)

5445 La Sierra, Suite 107, Dallas, TX 75231

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Two American Center, 3102 West End Avenue, Suite 1000, Nashville, Tennessee 37303

☐ Beneficial Owner

Stone, Paul R.

Harbison, Tom

Check Box(es) that Apply:

		A. BASIC IDENTI	FICATION DATA (Co	nt'd)	, ·
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Mersky, Seth					
Business or Residence Address	(Number and St	reet, City, State, Zip Coo	de)		
161 Bay Street, 49th Floor, Tor	onto, Canada M	ISJ 2S1			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual).				
Hirsch, David					
Business or Residence Address	(Number and St	reet, City, State, Zip Coo	de)		·
161 Bay Street, 49th Floor, Tor	onto, Canada M	15J 2S1			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)		-		
Melchior, Lisa	•				
Business or Residence Address	(Number and S	reet, City, State, Zip Co	de)		
One Adelaide Street East, Sui	te 2800, Box 198	, Toronto, Canada MS	C 2V9		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if it	idividual)				<del></del> -
Powell, Keith					
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de) 👙		
230 Winterbourne Gate, Miss	issauga, Ontario	L5B 1S9 Canada			<u> </u>
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if it	rdividual)				
Tolbert, Pat					
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)		
12 Wicklow Drive, Hilton Hea	d, South Caroli	na 29928			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if is	ndividual)				
Frost, Martin					
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)		
555 12th Street NW, Suite 710,	, Washington, D	C 20004-1206			
Check Box(es) that Apply:	C Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if is	ndividual)				
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)		

		_		_	B. 11	YFORMA	TION AB	OUT OFF	ERING		3			
												<u> </u>	Yes	No
1.	Has the	issuer sold	l, or does t	he issuer ir	itend to sel	l, to non-ac	ecredited is	nvestors in	this offeri	ıg?	·····	***************	🗅	X
				Answer al	lso in Appo	endix, Colu	nna 2, if fi	ling under	ULOE					
2.	What is	the minim	um investr	nent that w	vill be acce	pted from a	any individ	tual?					\$ N/A	
													Yes	No
														Ø
:	similar : is an ass broker o	emunerati ociated pe r dealer. I	on for soli- rson or age	citation of ant of a bro n five (5) p	purchasers oker or deal persons to l	in connect ler registen	ion with si ed with the	ales of sect : SEC and/	urities in th or with a st	e offering. late or state	If a perso	commission in to be liste name of the nay set forth	d	
Full Name	(Last na	ame first, i	f individua	d)										
N/A														
Business o	n Reside	nce Addre	:ss (Numb	er and Stre	et, City, St	ate, Zip Co	de)							
Name of A	Associate	d Broker	or Dealer											
States in V													II States	
											· ·	,	(ID)	
	[AL]	[AK]	[AZ]	[AR]	[CA]	(CO)	[CT]	(DE)	[DC]	(FL)	[GA]		[MO]	
	(IL)	[IN]	[IA]	[KS]	[KY]	(LA)	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	=	
	(MT)	(NE)	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA] (PR)	•
	[RI]	(SC)	[SD]	[TN]	[TX]	(UT)	(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[ГК]	
Full Name	: (Last n	ame Iirsi, i	וז שפואוסחי	11)								•		
Business o	or Reside	nce Addre	ess (Numb	er and Stre	et, City, St	ate, Zip Co	ide)					\ <u></u>		
Name of A	Associate	ed Broker	or Dealer											
States in V	Which Pe	erson Liste	d Has Soli	cited or In	tends to So	licit Purch	asers							···
												🗆 A	II States	
-	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	(IL)	[N]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	(MA)	[MT]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[он]	(ok)	[OR]	[PA]	
	(RI)	[SC]	[SD]	[TN]	[אד]	ប្រា	[VI]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)	
Full Name	(l.ast n	ame first, i	if individu	al)										
Business o	ne Basida	nce Addr	-se (Numb	er and Stre	et City St	ate Zin Co	rde)							<u></u>
Dusiness	D) ACSIO	chec ridus	(11011)		ou, o.i.,, o.	,p	,							
Name of A	Associat	ed Broker	or Dealer					<u> </u>	-					
States in V	Which P	erson Liste	d Has Soli	cited or In	tends to So	olicit Purch	asers				-			
(Che	ck "All	States" or	check indi	vidual Stat	cs)		***************			***************************************	••••••		all States	
	[AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	(CT)	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	(IA)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MM]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[HN]	[אא]	[NM]	[NY]	[NC]	[ND]	[ОН]	[OK]	[OR]	[PA]	
	ren	ISCI	(SD)	IINI	ITXI	ເບົາ	(VII)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PE	ROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold.  Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<u>s</u> -0-	\$ -0-
	Equity	\$ 692,272	\$ 692,272
	☑ Common □ Preferred		
	Convertible Securities (including warrants)	<u>\$ -0-</u>	<u>\$</u> -0-
	Partnership Interests	<u>s -o-</u>	<u>\$0-</u>
	Other (Specify)	<u>s -o-</u>	<u>\$ -0-</u>
	Total	\$ 692,272	\$ 692,272
	Answer also in Appendix, Column 3, if filing under ULOE.		
	the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "reco".		
	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	of Purchases
	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Investors	Dollar Amount
	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Investors 17	Dollar Amount of Purchases
	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	Investors 17 -0-	Dollar Amount of Purchases \$ 692,272
	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	Investors 17 -0-	Dollar Amount of Purchases \$ 692,272 \$ -0-
i.	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	Investors 17 -0-	Dollar Amount of Purchases \$ 692,272 \$ -0-
i.	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	Investors 17 -0-	Dollar Amount of Purchases \$ 692,272 \$ -0- \$ N/A  Dollar Amount
i.	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors  Non-accredited Investors  Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.  Type of offering	Investors  17  -0-  N/A  Type of Security	Dollar Amount of Purchases \$ 692,272 \$ -0- \$ N/A
í.	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors  Non-accredited Investors  Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	Investors  17  -0-  N/A  Type of Security	Dollar Amount of Purchases \$ 692,272 \$ -0- \$ N/A  Dollar Amount
i.	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors  Non-accredited Investors  Total (for filings under Rule 504 only)	Investors  17  -0-  N/A  Type of Security	Dollar Amount of Purchases \$ 692,272  \$ -0- \$ N/A  Dollar Amount Sold \$
i.	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors  Non-accredited Investors  Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.  Type of offering  Rule 505	Investors  17  -0-  N/A  Type of Security	Dollar Amount of Purchases \$ 692,272  \$ -0- \$ N/A  Dollar Amount Sold \$

a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	🖸 <b>S</b>	-0-
Printing and Engraving Costs	🗆 <b>s</b>	-0-
Legal Fees		25,000
Accounting Fees		
Engineering Fees	🗆 <b>Ş</b>	-0-
Sales Commissions (specify finders' fees separately)	🗆 <u>\$</u>	0-
Other Expenses (identify)	🗆 <u>\$</u>	-0
Total		

issucr."	enses furnished in response to Part C - Quest	ate offering price given in response to Part C- Question tion 4.a. This difference is the "adjusted gross proceed	ts to the			<u>s</u>		<u>'667,272</u>
5.	Indicate below the amount of the adjusted a of the purposes shown. If the amount of an	gross proceeds to the issuer used or proposed to be use by purpose is not known, furnish an estimate and check yments listed must caual the adjusted gross proceeds to	d for eac	h h				
					Payments to Officers, Directors, & Affiliates		1	Payments to Others
						0	٤_	-0-
							<u>s</u> _	-0-
		of machinery and equipment					<u>\$</u>	-0-
	Construction or leasing of plant buildings at	nd facilities	C	1 <u>5</u>	-0-		<u>\$</u>	-0-
	Acquisition of other businesses (including to used in exchange for the assets or securities	he value of securities involved in this offering that ma of another issuer pursuant to a merger)	ybe E	1 <u>\$</u>	-0-		<u>\$</u> _	-0-
	Repayment of indebtedness		C	) <u>\$</u>	-0-		5	-0-
	Working capital		1 <u>\$</u>			<u>S</u>	667,272	
	Other (specify):	C				5		
		······································					<u> </u>	667,272
		i)				67,272		
		D. FEDERAL SIGNATURE		_				
CONSCIUU	r has duly caused this notice to be signed by as an undertaking by the issuer to furnish to the by the issuer to any non-accredited investor	the undersigned duly authorized person. If this notice ne U.S. Securities and Exchange Commission, upon w pursuant to paragraph (b)(2) of Rule 502.	is filed u	nder uest	Rule 505, the of its staff, the	follo	wir	ng signature tion
	CT \	Signature 4			<del></del>			
_	ont of Type) Voridwide Corporation	$\mathcal{L}_{\mathcal{A}}$	late eptembe	r 25.	2007			
_	** *	<i>y</i> / <b>y</b>	rate eptembe	г 25,	2007			
	orldwide Corporation	<i>y</i> / <b>y</b>		г 25,	2007			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

 $\mathcal{END}$